



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
201 West Flagler Street
Miami, FL 33130-1510
 Ph: 305.375.1577
 Fax: 305.372.6367
www.miamidade.gov/gsa/elevatormain.asp

SECTION 1 - ELEVATOR INFORMATION

As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation

Serial Number

Serial Number must be provided or form
will be returned**Capacity:****Landings:**n/a if Escalator **Mfg. Ser #:****Speed:****Type of Equipment:****SECTION 2 – BUILDING INFORMATION**

Note: If the information below has changed since the
 Permit to Install, Alter or Relocate was issued, please provide the updated information.

Name of Building or D/B/A Name (enter Business name or Doing Business As Name or Name of the Building)

Main Address (enter building address)

City

County

State

Zip Code

FOLIO Number: (required)

Change of Owner or Manager: Yes

No

MANAGEMENT or MAILING INFORMATION

Name of Management Company, if different than owner.

Mailing Address

City

State

Zip Code

CONTACT INFORMATION

Contact Name

Primary Business Phone Number

Primary E-Mail Address

Alternate Phone Number or Fax Number

SECTION 3 – OWNER INFORMATION

Organization or Owner Name

Address

Primary Phone Number

City

State

Zip Code

SECTION 4 – APPLICANT SIGNATURE

Authorized Signature of Applicant

Date Signed

Federal I.D. or Corporate Tax Number

Date Submitted